

AT9-99-357

PATENT #  
2

## UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	:	Group Art Unit:
James J. Babka et al.	:	
Serial No.:	:	Intellectual Property Law Dept.
	:	International Business
Filed: (herewith)	:	Machines Corporation
	:	11400 Burnet Road
Title: STATUS DISPLAY FOR	:	
PARALLEL ACTIVITIES	:	
	:	

1c678 U.S. PTO  
09/389201  
09/02/99

**INFORMATION DISCLOSURE STATEMENT CERTIFICATE**

Assistant Commissioner for Patents  
Washington, D.C. 20231

Dear Sir:

Applicants are not aware of any patents, publications or other information which they believe may be material to the patentability of this application and in respect of which there may be a duty to disclose in accordance with 37 C.F.R. § 1.56.

In accordance with 37 C.F.R. § 1.97(g) the filing of this Information Disclosure Statement shall not be construed to mean that a search has been made or that no other material information as defined in 37 C.F.R. § 1.56(a) exists.

AT9-99-357

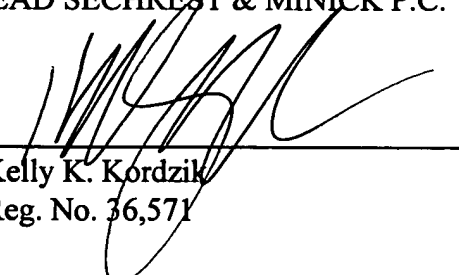
PATENT

No Form PTO-1449, which provides a listing of patents, publications, or other information as required by 37 C.F.R. § 1.98(a)(1) is attached.

Respectfully submitted,

WINSTEAD SECHREST & MINICK P.C.

By: \_\_\_\_\_

  
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207:7047-P335US

BOX PATENT APPLICATION  
ASSISTANT COMMISSIONER FOR PATENTS  
WASHINGTON, D. C. 20231

ETJ 1928 4613705  
DOCKET NUMBER: AT9-99-357  
9/2/99

Sir:

Transmitted herewith for filing is the Patent Application of:

Inventor: James J. Babka

For: STATUS DISPLAY FOR PARALLEL ACTIVITIES

Enclosed are:

- ☒ Patent Specification and Declaration
- ☒ 3 sheets of drawing(s).
- ☒ An assignment of the invention to International Business Machines Corporation (includes Recordation Form Cover Sheet).
- ☐ A certified copy of a \_\_\_ application.
- ☐ An associate power of attorney
- ☒ Information Disclosure Statement Certificate

The filing fee has been calculated as shown below:

For	Number Filed	Number Extra	Rate	Fee
Basic Fee				\$ 760.00
Total Claims	16 - 20	0	x 18 =	\$ - 0 -
Indep. Claims	4 - 3	1	x 78 =	\$ 78.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM(S) PRESENTED			+ 260 =	\$ - 0 -
			TOTAL	\$ 838.00

- ☒ Please charge my Deposit Account No. 09-0447 in the amount of \$838.00. A duplicate copy of this sheet is enclosed.
- ☒ The Assistant Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 09-0447 A duplicate copy of this sheet is enclosed.
  - ☒ Any additional filing fees required under 37 CFR §1.16
  - ☒ Any patent application processing fees under 37 CFR §1.17.

Respectfully submitted,

By:

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